

Behavioral Health Inpatient (Facility) Fee Schedule Effective 7/1/15

| Code | Description | Unit of Service | Physician (MD or DO) Modifiers: AM, AF 75% Medicare | APRN or Licensed Clinical Psychologist Modifiers: SA, AH 63.75% of Medicare (85% of 75%) | Licensed Masters-level (Supervisor) Modifiers: HO, U8 60% of Medicare (80% of 75%) | Associate (under Supervision) Modifiers: U4 52.5% of Medicare (70% of 75%) | Physician Assistant (PA) Modifier: U1 52.5% of Medicare (70% of 75%) | Targeted Case Manager | Other Non-Bachelors-level Modifiers: HN |
|-----------|--|-----------------|---|--|--|--|--|-----------------------|--|
| 90785 | Interactive complexity | Event | \$10.48 | \$8.91 | \$8.38 | \$7.34 | \$7.34 | | - |
| 90791 | Psychiatric diagnostic evaluation | Event | \$94.84 | \$80.61 | \$75.87 | \$66.39 | \$66.39 | | - |
| 90792 | Psychiatric diagnostic evaluation with medical services | Event | \$102.49 | \$75.06 | - | - | - | | - |
| 90832 | Psychotherapy, 30 minutes with patient and/or family member | 30 Minutes | \$46.94 | \$39.90 | \$37.55 | \$32.86 | \$32.86 | | - |
| 90833 | Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service | 30 Minutes | \$48.11 | \$40.89 | \$38.49 | \$33.68 | \$33.68 | | - |
| 90834 | Psychotherapy, 45 minutes with patient and/or family member | 45 Minutes | \$62.66 | \$53.26 | \$50.13 | \$43.86 | \$43.86 | | - |
| 90836 | Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service | 45 Minutes | \$60.71 | \$51.60 | \$48.57 | \$42.50 | \$42.50 | | - |
| 90837 | Psychotherapy, 60 minutes with patient and/or family member | 60 Minutes | \$93.67 | \$79.62 | \$74.94 | \$65.57 | \$65.57 | | - |
| 99354*** | Prolonged Services (First Hour) | 30 - 60 Minutes | \$66.95 | \$56.90 | \$53.56 | \$46.86 | \$46.86 | | |
| 99355**** | Prolonged Services (After the first 60 minutes of prolonged services) | 15-30 Minutes | \$65.95 | \$56.06 | \$52.76 | \$46.16 | \$46.16 | | |
| 90838 | Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service | 60 Minutes | \$80.26 | \$68.22 | \$64.21 | \$56.18 | \$56.18 | | - |
| 90839 | Psychotherapy for crisis; first 60 minutes | 60 Minutes | \$97.63 | \$82.99 | \$78.10 | \$68.34 | \$68.34 | | - |

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| 90840 | each additional 30 minutes | 30 Minutes | \$46.94 | \$39.90 | \$37.55 | \$32.86 | \$32.86 | | - |
| 90845 | Psychoanalysis | Event | \$67.22 | \$57.14 | \$53.78 | \$47.05 | \$47.05 | | - |
| 90846 | Family psychotherapy | Event | \$75.73 | \$64.37 | \$60.58 | \$53.01 | \$53.01 | | - |
| 90847 | Family psychotherapy with patient present | Event | \$78.18 | \$66.45 | \$62.54 | \$54.73 | \$54.73 | | - |
| 90849 | Multiple-family group psychotherapy | Event | \$22.10 | \$18.79 | \$17.68 | \$15.47 | \$15.47 | | - |
| 90853 | Group psychotherapy (other than of a multiple-family group) | Event | \$18.82 | \$16.00 | \$15.06 | \$13.17 | \$13.17 | | - |
| 90865 | Narcosynthesis for psychiatric diagnostic and therapeutic purposes | Event | \$94.05 | \$79.94 | - | - | \$65.84 | | - |
| 90870 | Electroconvulsive therapy | Event | \$81.87 | - | - | - | - | | - |
| 90875 | Individual psychophysiological therapy incorporating biofeedback training by any modality, with psychotherapy; 30 minutes | 30 Minutes | \$31.67 | \$26.92 | \$25.34 | \$22.17 | \$22.17 | | - |
| 90876 | 45 minutes | | \$49.28 | \$41.89 | \$39.43 | \$34.50 | \$34.50 | | - |
| 90887 | Collateral Therapy | Event | \$55.20 | \$46.92 | \$44.16 | \$38.64 | \$38.64 | | |
| 90899 | Unlisted psychiatric service or procedure | Event | \$21.53 | \$18.30 | \$17.22 | \$15.07 | \$15.07 | | - |

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| 96101* | Psychological testing per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report | 60 Minutes | - | \$49.89 | \$46.95 | \$41.08 | - | | - |
| 96102* | Psychological testing with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face | 60 Minutes | - | \$14.54 | \$13.68 | \$11.97 | - | | - |
| 96103* | Psychological testing, administered by a computer, with qualified health care professional interpretation and report | 60 Minutes | - | \$16.36 | \$15.40 | \$13.48 | - | | - |
| 96105 | Assessment of aphasia with interpretation and report, per hour | Event | \$72.45 | \$61.58 | \$57.96 | \$50.72 | \$50.72 | | - |
| 96110 | Developmental screening, with interpretation and report, per standardized instrument form | Event | \$32.19 | \$27.36 | \$25.75 | \$22.53 | \$22.53 | | - |
| 96111 | Developmental testing, with interpretation and report | Event | \$88.11 | \$74.89 | \$70.49 | \$61.68 | \$61.68 | | - |
| 96116 | Neurobehavioral status exam, per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report | 60 Minutes | \$64.24 | \$54.60 | - | - | - | | - |
| 96118** | Neuropsychological testing, per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report | 60 Minutes | \$58.46 | \$49.69 | - | - | - | | - |

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| 96119* | Neuropsychological testing, with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face | 60 Minutes | - | \$14.73 | \$13.86 | \$12.13 | - | | - |
| 96120* | Neuropsychological testing, administered by a computer, with qualified health care professional interpretation and report | Event | - | \$15.96 | \$15.02 | \$13.15 | - | | - |
| 96125 | Standardized cognitive performance testing | 60 Minutes | \$80.63 | \$68.54 | \$64.50 | \$56.44 | \$56.44 | | - |
| 96150 | Health and behavior assessment, each 15 minutes face-to-face with the patient; initial assessment | 15 Minutes | \$15.52 | \$13.19 | \$12.42 | \$10.86 | \$10.86 | | - |
| 96151 | re-assessment | 15 Minutes | \$14.98 | \$12.73 | \$11.98 | \$10.49 | \$10.49 | | - |
| 99408 | Screening, brief intervention, referral to treatment | 15 - 30 Minutes | \$20.00 | \$17.00 | \$16.00 | \$14.00 | \$14.00 | | - |
| H0001 | Alcohol and/or drug assessment | 15 Minutes | \$21.53 | \$18.30 | \$17.22 | \$15.07 | \$15.07 | | - |
| H0002 | Behavioral health screening | 15 Minutes | \$21.53 | \$18.30 | \$17.22 | \$15.07 | \$15.07 | | - |
| H0015 ¹ | Alcohol and/or drug services, intensive outpatient program | Per Diem | \$125.00 | | | | | | - |
| H0031 | Mental health assessment by non-physician | 15 Minutes | - | \$18.30 | \$17.22 | \$15.07 | \$15.07 | | - |
| H0032 | Mental health service plan development by non-physician | 15 Minutes | - | \$18.30 | \$17.22 | \$15.07 | \$15.07 | | - |
| H0038 | Self help/peer services, per 15 minutes | 15 Minutes | - | - | - | - | - | | \$8.61 |
| H2011 | Crisis intervention service, per 15 minutes | 15 Minutes | \$21.53 | \$18.30 | \$17.22 | \$15.07 | \$15.07 | | - |
| H2012 | Behavioral health day treatment, per hour | 60 Minutes | \$86.12 | \$73.20 | \$68.90 | \$60.28 | \$60.28 | | - |
| H2019 | Therapeutic behavioral health services | 15 Minutes | \$21.53 | \$18.30 | \$17.22 | \$15.07 | \$15.07 | | - |

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| H2021 | Community based wrap around services | 15 Minutes | \$21.53 | \$18.30 | \$17.22 | \$15.07 | \$15.07 | | - |
| S9480 ¹ | Intensive outpatient psychiatric services | Per Diem | \$125.00 | | | | | | - |
| T1007 | Alcohol and/or substance abuse services, treatment plan development and/or modification | 15 Minutes | \$21.53 | \$18.30 | \$17.22 | \$15.07 | \$15.07 | | - |
| T2023 | Targeted Case Management for Individuals with SED or SMI; Modifier UA will designate SED population | 1 Month | | | | | | \$334.00 | |
| T2023 | Targeted Case Management for Individuals with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues; Requires modifier TG | 1 Month | | | | | | \$541.00 | |
| T2023 | Targeted Case Management for Individuals with Substance Use Disorders; Requires modifier HF | 1 Month | | | | | | \$334.00 | |

*Limited to LP, LPP, LPA

**Limited to MD/DO/LP

***Must be billed on the same date of service as 90837, limited to one (1) unit per client, per date of service.

****Must be billed on the same date of service as 90837 and 99354, limited to two (2) units per client, per date of service

1. Provider group only; must be billed by provider type 66